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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>4-12</u></p>	
<p>1. Article Addressed to:</p> <p>Steven B. King 4073 Shell Road Sarasota, FL 34242</p>		<p>C. Signature <u>[Signature]</u></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label) <u>7001 1140 0000 9829 7315</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>			

FILED
HARRISBURG, PA

MAY 02 2002

MARY E. SANDREA, CLERK
Per [Signature] Deputy Clerk

01-CV-1117

order of
4-4-02